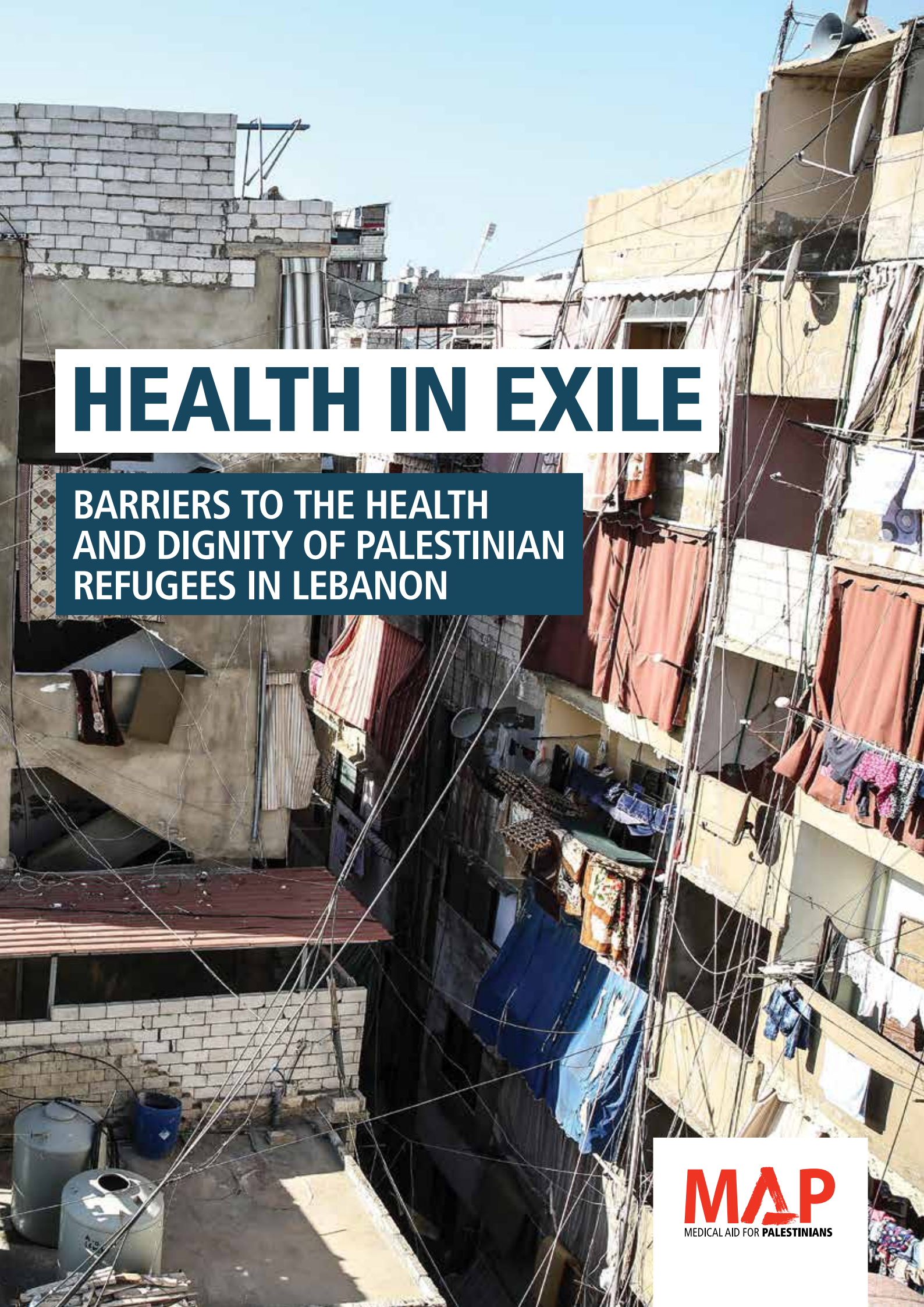


HEALTH IN EXILE

BARRIERS TO THE HEALTH AND DIGNITY OF PALESTINIAN REFUGEES IN LEBANON

MAP
MEDICAL AID FOR **PALESTINIANS**

CONTENTS

EXECUTIVE SUMMARY

1 **CHAPTER 1**
Historical and ongoing displacement

5 **CHAPTER 2**
Health in Lebanon

9 **CHAPTER 3**
The right to work

14 **REFERENCES**

EXECUTIVE SUMMARY

Between 1947 and 1949, at least 750,000 Palestinians were expelled from or fled their homes in historic Palestine during violent events related to the creation of the state of Israel. More than half of the Palestinian population was displaced as hundreds of Palestinian towns and villages were emptied of their inhabitants and destroyed during what Palestinians call the Nakba ("Catastrophe").

Seventy years later, Palestinian refugees – including those initially displaced and their descendants – are still living the Nakba. Refugees in the Palestinian territory occupied since 1967, the West Bank, including East Jerusalem, and Gaza, suffer the same abuses and other negative impacts of prolonged military occupation as the rest of the Palestinian population but with the additional pain of decades of dispossession and, often, tougher socioeconomic conditions. Many are made homeless again through home demolitions and coercive environments created by the occupying power and its settlement enterprise. The conflict in Syria has shattered the Palestinian refugee community there and further displaced two-thirds of them. Though Palestinians in Jordan generally have better living conditions than many of their counterparts, they continue to face discrimination and disadvantage in employment and education. In Lebanon, Palestinian refugees have lived through decades of conflict, exclusion and severe discrimination, as this report illustrates, and are often made not to feel at home.

While Palestinian refugee communities in separate locations of exile have faced differing challenges, they all share the collective loss of the Nakba and ongoing denial of their right to return, which is enshrined in international law.

This report examines the contemporary challenges to the rights to health and dignity of Palestinian refugees in and around what was historic Palestine. It gives extra focus to the situation in Lebanon, where Palestinians are one of the most chronically marginalised refugee populations in the region, including in terms of access to healthcare, and the specific Palestinian community that Medical Aid for Palestinians (MAP) has longest served.

Chapter 1 summarises the Nakba and the contemporary status of Palestinian refugees in the occupied Palestinian territory, Jordan, Syria and Lebanon.

Chapter 2 assesses the socioeconomic conditions of Palestinian refugees in Lebanon, and how these constrain the realisation of the right to health in these communities, with particular reference to maternal and child health, non-communicable diseases, mental health and people with disabilities. It examines the limitations of the health services accessible to them, given their exclusion from the wider Lebanese health system.

Chapter 3 addresses the legal and practical restrictions on Palestinian refugees' right to work in Lebanon, with a focus on the health sector and barriers to Palestinian health professionals training and practicing in Lebanon. All these restrictions in turn further impact the health and healthcare needs of their communities.

MAY 2018

FROM AID TO DEVELOPMENT

As other contemporary refugee crises become protracted, the status of Palestinians has become a litmus test of the world's willingness – or not – to address the root causes of refugees' humanitarian needs. Their 70-year-long humanitarian crisis highlights a global failure to address both their right to return, and the restrictions placed on their human rights and wellbeing in host countries while displaced.

The United States' reduced financial support for the already chronically-underfunded UN Relief and Works Agency (UNRWA) indicates that the crisis may deteriorate further still, including among Palestinians in Lebanon. Access to adequate healthcare services is further endangered, with potentially health- and even life-threatening consequences. With their right to work curtailed, the Palestinian health workforce in Lebanon is in decline, stymieing their ability to support their own communities.

Ultimately, unaddressed displacement and dispossession lie at the heart of the Palestinian refugees' perpetual dependence on aid. The international community must focus on humanitarian needs and upholding their rights.

Until a resolution to the right of return in accordance with international law is found, the international community should robustly support the immediate humanitarian and healthcare needs of Palestinian refugees in Lebanon. They should also build upon Palestinians' own agency, creativity and strength by supporting the development of a skilled Palestinian health workforce that can benefit the living conditions of both their own communities and their host countries until their long-awaited return.

RECOMMENDATIONS FOR ACTION

Governments, including the UK, should therefore:

- **Recognise the enormous hardships** endured by millions of Palestinian refugees during their displacement, and **uphold their right to return.**
- **Recognise the role played by Lebanon** and all neighbouring countries and peoples who have h**osted Palestinian refugees for decades.**
- **Work with the Lebanese authorities to remove all discriminatory laws and practices** against Palestinian refugees, including with regards to the right to work.
- **Increase support for healthcare providers** including UNRWA, local and international NGOs to **fill immediate gaps in healthcare provision** for Palestinian refugee communities and to **ensure that healthcare is affordable, appropriate, sustainable and comprehensive.**
- **Support development opportunities in healthcare** and other professions both in Lebanon and through international scholarships.
- **Ensure that aid and development initiatives** aimed at addressing the humanitarian needs of Palestinian refugees **consult with these communities and uphold their right to self-determination.**

LEGAL FRAMEWORK

For 70 years Israel has blocked Palestinian refugees' right of return, a right firmly embedded in international law[1]:

The Universal Declaration of Human Rights:
"Everyone has the right to leave any country, including his own, and to return to his country."[2]

UN General Assembly Resolution 194:
" [Palestinian] refugees wishing to return to their homes and live at peace with their neighbours should be permitted to do so at the earliest practicable date, and that compensation should be paid for the property of those choosing not to return and for loss of or damage to property which, under principles of international law or equity, should be made good by the Governments or authorities responsible."[3]

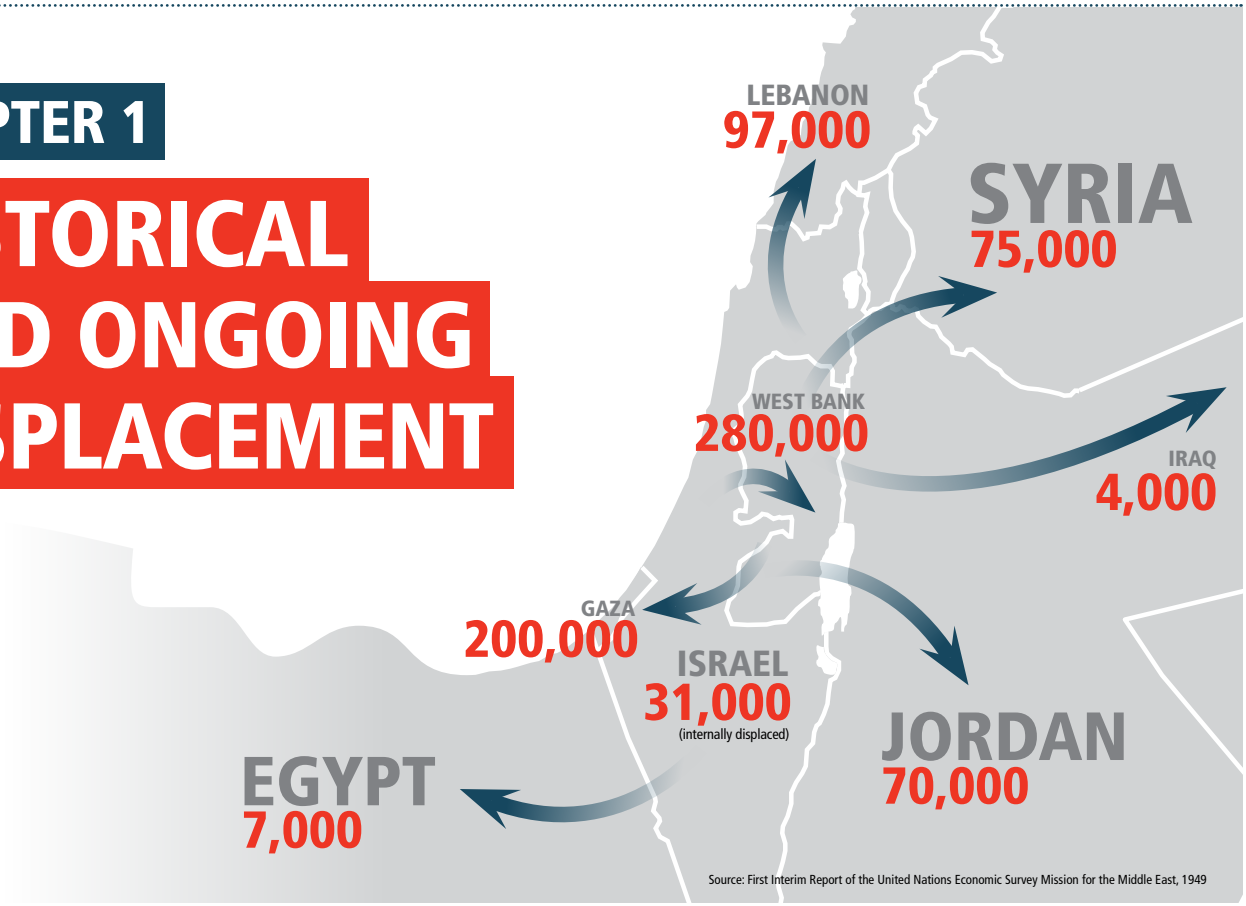
The international community has failed to ensure the realisation of Palestinian refugees' right to return. Until Palestinians are able to return to their homelands, host governments – supported by the international community – are obliged to respect and protect refugees' rights. These include the rights to the highest attainable standard of health, to work, to adequate housing and to education.

In Lebanon in particular, however, Palestinian refugees suffer a range of discriminatory policies and practices which undermine their enjoyment of these rights and compound their suffering. International law, as stated in the International Covenants on Civil and Political Rights and on Economic, Social and Cultural Rights, emphasises that rights are to be exercised without discrimination on grounds such as *"national or social origin, property or other status"*.

MAP

CHAPTER 1

HISTORICAL AND ONGOING DISPLACEMENT



THE NAKBA

Between 1947 and 1949, at least 750,000 Palestinians were expelled from or fled their homes in historic Palestine during violent events related to the creation of the state of Israel.[4] More than half of the Palestinian population was displaced to Lebanon, Syria, Jordan, Gaza and the West Bank, including East Jerusalem,[5] as hundreds of Palestinian towns and villages were emptied of their inhabitants and destroyed.[6] This upheaval, known to Palestinians as the Nakba ("Catastrophe"), heralded decades of displacement, dispossession and marginalisation.

Others were expelled from what was now Israel during the 1950s, then the 1967 War between Israel and its Arab neighbours ended with Israel's military occupation of Gaza and the West Bank, including East Jerusalem. At least 300,000 Palestinians became refugees as a result, more than half for the second time. They took shelter predominantly in Jordan, with smaller numbers fleeing to Lebanon, Syria, Egypt, and further afield.[7] Today, some three-quarters of the Palestinian population are displaced, and one in three refugees worldwide is a Palestinian.[8] Around five million continue to be registered with the United Nations Relief and Works Agency (UNRWA),[9] and a further 98,000 Palestinian refugees are registered with the United Nations High Commissioner for Refugees (UNHCR) in countries where UNRWA does not operate.[10] The Israeli settlement enterprise continues to expand and deepen, fuelling a coercive environment for Palestinian Bedouin and other communities across the West Bank. In exile and under occupation the Nakba continues to be a lived experience for millions of Palestinians today, 70 years after it began.

Today, Palestinians' access to healthcare and their overall wellbeing varies, depending on where they and their families found themselves after the Nakba and any subsequent relocations.

PALESTINIAN REFUGEES AND THE WIDER DIASPORA

The term "Palestinian refugee" refers to those Palestinians who were expelled from or fled their homes in Mandate Palestine during the Nakba in 1948 and their descendants, as well as those who were expelled or fled during the war of 1967. Estimates of the total number of refugees vary; however, approximately five million are registered with UNRWA in its fields of operation (the occupied Palestinian territory (oPt), Lebanon, Syria and Jordan).

In addition to those continuing to endure forced displacement, there is a wider Palestinian diaspora, with significant communities across the Middle East, Europe, and the Americas. The largest community of Palestinians outside of the Middle East is in Chile, with an estimated population of 350,000.[11] The total global Palestinian population has been estimated to be 11.9 million.[12]

There are also nearly 1.5 million Palestinians living within the borders of present-day Israel, comprising one-fifth of the Israeli population.[13] They lived under martial law until 1966, and continue to face inequity despite holding Israeli citizenship. Today, they face social and legal discrimination,[14] leaving them disadvantaged in education, employment and healthcare.[15]

PALESTINIAN REFUGEES' HEALTH AND WELLBEING

THE OCCUPIED PALESTINIAN TERRITORY (oPt)

An estimated 26% of Palestinians in the occupied West Bank, including East Jerusalem, are refugees. In Gaza, refugees comprise some 67% of the population,[16] giving Gaza one of the highest relative refugee populations in the world. In total, refugees constitute 42% of the 4.88 million population of the oPt, approximately two million people.

Refugee communities endure similar challenges to the realisation of their right to health as the other Palestinians living under Israel's 51-year military occupation, but with additional pressures of marginalisation and aid dependency.

In the West Bank, approximately one quarter of refugees live in 19 official camps, which are characterised by overcrowding, poor infrastructure, and poverty. These camps are frequently the target of Israeli military raids – for instance, UNRWA Commissioner-General Pierre Krähenbühl has asserted that residents of Aida Camp in Bethlehem are *"exposed to more tear gas than any other population surveyed globally"*.[17]

Bedouin refugees displaced from the Naqab (or Negev) desert during and after 1948 face particular threats to their right to health. Many resettled in what is now classified as "Area C", which constitutes 60% of the West Bank, where Israel maintains full civil and military control. There they face restricted movement due to settlements, closed military zones and checkpoints, as well as regular Israeli demolitions of homes and other structures. As they are prevented by Israel from building permanent health infrastructure such as clinics, they are reliant on visits from mobile health clinics such as that provided by MAP for primary healthcare.[18] The UN has identified 7,000 Bedouin living in the East Jerusalem periphery, 70% of whom are refugees and are at risk of forcible transfer amid the coercive environment created by Israel.[19]

Jaramana Refugee Camp, Damascus, Syria

Bedouin communities in Area C live under constant threat of demolitions

Gaza is one of the most densely populated places in the world, with overcrowding particularly acute in its eight refugee camps.[20] Israel has imposed a tightened blockade and illegal closure on Gaza since 2007, which, in combination with three large-scale Israeli military offensives between 2008 and 2014, has led to the de-development of Gaza's economy and vital infrastructure including healthcare. In 2017, only 54% of exit permits for patients seeking treatment elsewhere in the oPt or abroad were granted by Israel and a record-high number of such patients died.[21] Health professionals are frequently prevented from exiting for professional development opportunities outside Gaza. Shortages of essential medicines are common, 80% of Palestinians in Gaza are now dependent on some form international aid, and nearly one million rely on UNRWA for food aid.[22] The UN has reported that on its current trajectory, Gaza will become "unliveable" by 2020.[23]

The right to health of all Palestinians in the oPt, including refugees, is severely undermined by the fragmentation and separation of the West Bank, East Jerusalem and Gaza, and barriers to the free movement of patients between these areas, particularly to specialised Palestinian hospitals in East Jerusalem. Health facilities and personnel also face frequent violations in the form of raids on hospitals and clinics, and obstructions to and attacks on ambulances and paramedics, carried out with impunity. The mental health of Palestinians in the oPt is also severely undermined by pervasive insecurity, humiliation and exposure to violence inherent in the occupation. Further information on these issues can be found in MAP's 2017 report *Health Under Occupation* at **map.org.uk/huo.**

JORDAN

Jordan hosts more than two million Palestinian refugees, most of them with full Jordanian citizenship and living in better conditions than counterparts elsewhere. But they continue to face some discrimination and disadvantage, especially in employment and education.[24]

Nearly 370,000 live in Jordan's 10 official and three unofficial camps,[25] where living conditions are often poor.[26] Among Jordan's Palestinian population, some groups are particularly vulnerable. More than 100,000 come from Gaza, having been displaced for either the first or second time during the 1967 war.[27] These "ex-Gazans" are non-citizens in Jordan, and are more likely to face poverty and deprivation.[28] Jordan also hosts some 10,000 Palestinian refugees from Syria[29] who entered the country before the government closed its doors to this community in January 2013.[30] The majority of Palestinian refugees from Syria are believed to live in abject poverty.[31] They are disadvantaged by limited access to healthcare, education and work in Jordan, and are heavily reliant on under-funded UNRWA institutions.

UNRWA: HISTORY AND ONGOING CHALLENGES

The UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) was established in 1949 to provide services to registered Palestinian refugees in Syria, Lebanon, Jordan, the West Bank and Gaza. The following year, the UN created the High Commissioner for Refugees (UNHCR), which serves all other refugees worldwide. From the beginning, Palestinian refugees have been excluded from accessing UNHCR services in any country where UNRWA operates. This is enshrined in Article 1D of the 1951 Refugee Convention, which states that UNHCR's provisions *"shall not apply to persons who are at present receiving protection or assistance from [other] organs or agencies of the UN."*[32]

In practice, the only UN agency other than UNHCR that offers assistance to refugees within these terms is UNRWA, meaning that Article 1D applies to Palestinians exclusively.[33] Unlike UNHCR, UNRWA is not specifically mandated to provide "protection" for the refugees in its jurisdiction,[34] but rather focuses on the delivery of services such as healthcare and education.

Initially envisaged to provide short-term humanitarian assistance to Palestinian refugees, UNRWA's work has now been operating for 68 years, with its mandate repeatedly renewed by the UN General Assembly. UNRWA has a core operating budget of approximately US$760 million,[35] in addition to emergency appeals to respond to the humanitarian crises in Syria (US$411 million)[36] and the oPt (US$402 million)[37]. In recent years UNRWA has been consistently running a core budget deficit of around US$77m and these emergency appeals remain severely under-funded, severely limiting the support it is able to provide.[38] This funding crisis has been severely exacerbated by the US Government's decision in January 2018 to cut its funding for UNRWA by half.[39]

South Shore Camp, Transjordan, 1948

SYRIA

Most of the Palestinians who fled to Syria in 1948 came from the north of Palestine, notably Safad, Haifa and Yaffa/Jaffa.[40] Others arrived later, in 1967, when Israel seized the Syrian Golan where they had temporarily sought refuge. Prior to 2011, although Palestinians in Syria had many of the same rights as Syrian nationals they lagged behind the host community with regards to some key development indicators including child mortality.[41]

Before the mass protests of March 2011, which sparked armed conflict, more than 500,000 Palestinian refugees were registered with UNRWA in Syria.[42] Prolonged conflict and humanitarian crises across the country have led to two-thirds of this community being further displaced. As early as 2013, UNRWA expressed deep concern that the Palestinian community in Syria was "unravelling and in acute distress". Of the Palestinians remaining in Syria, 95% are reliant on humanitarian aid.[43] Yarmouk, an unofficial camp that was home to nearly a quarter of Syria's Palestinians before 2011, has been besieged with many residents dying from lack of access to adequate medical care.[44] Conditions in general in Syria make it dangerous or impossible for many to access the healthcare services they need.[45]

Some 120,000 Palestinians have fled Syria to escape the war, becoming two- or three-time refugees and encountering additional challenges in crossing borders on account of their nationality.[46] Tens of thousands went to Lebanon and Jordan and an estimated 60,000-79,000 to Europe.[47] Denied safe and legal routes to refuge, many Palestinians have died trying to cross the Mediterranean. Moreover, unlike Syrian nationals fleeing the same war, Palestinian refugees from Syria cannot register with UNHCR in Lebanon, Jordan or the oPt. As a result, they cannot access protection services and are excluded from almost all resettlement plans, which are usually administered through UNHCR.[48]

United Nations relief at Shatila refugee camp, 1982

LEBANON

Around 100,000 Palestinians originally fled to Lebanon at the time of the Nakba,[49] mostly from northern and coastal areas of Mandate Palestine including Haifa, Safad, Yaffa, Acre and Nazareth.[50] They were joined by later waves of refugees following the 1967 war, and the 1970 fighting in Jordan. Today, 450,000 Palestinian refugees are registered with UNRWA in Lebanon,[51] although a recent census recorded a Palestinian population of 174,000 living in refugee camps and informal gatherings.[52] More than half live in the 12 official camps across the country, where overcrowding, limited essential services and poor sanitary conditions mean conditions are among the worst in the region.[53]

Despite their longstanding presence in Lebanon, Palestinian refugees remain excluded from key aspects of social, political and economic life in the country. They are barred from accessing public services, owning or inheriting property, and working in 39 professions.[54] In addition, the Lebanese army controls access to some of the camps with checkpoints restricting freedom of movement.[55]

From 1948 to today, the lives of Palestinians in Lebanon have been blighted by repeated conflict, from the Lebanese Civil War (1975-1990), including massacres in the camps of Tel al Zaatar (1976) and Sabra and Shatila (1982) and the brutal "War of the Camps" (1984), to the Nahr al Bared conflict (2007). More recently, the ongoing conflict in neighbouring Syria has forced Palestinian refugees to flee across the border in search of safety, with an estimated 32,000 remaining in Lebanon (as of the end of 2016).[56] Many are reliant on UNRWA for basic services, as legal restrictions make it difficult for them to access health, housing and education.[57] The Lebanese government has struggled to cope with the influx of approximately one million refugees from Syria,[58] and closed its border to Palestinian refugees from Syria in May 2014 until today.[59]

Palestinians in Lebanon have historically faced significant obstacles to the realisation of their right to health. Private healthcare in Lebanon is prohibitively expensive for most, meaning that many are reliant on healthcare services from UNRWA and the Palestinian Red Crescent Society (PRCS), both of which are seriously under-funded. Palestinians also face legislative and practical obstacles to their right to work, including in health-related fields. The interrelated issues of access to healthcare and the right to work for Palestinian refugees in Lebanon are the subject of the subsequent two chapters of this report.

MAP'S HISTORY

In 1982 Israel invaded Lebanon, which was in the grip of a devastating civil war, and besieged Beirut. Between 16 and 18 September, a Christian armed group known as the "Lebanese Forces" – a group allied to Israel – entered the Palestinian refugee camp of Sabra and Shatila in central Beirut and killed and injured hundreds of unarmed Palestinian and other civilians inside. The Israeli army, who surrounded the camp, had full knowledge of what was taking place inside, yet they never intervened. Instead, they illuminated the camp throughout the night by flares launched into the sky.

Working in a hospital inside the camp at the time was a young orthopaedic surgeon from London, Dr Swee Chai Ang. Refusing to leave the hospital, Dr Ang worked to save the injured and protect her patients during the massacre. On her return to London, she joined with a group of fellow medical professionals and humanitarians shocked by what they had witnessed in Lebanon, including Derek and Pamela Cooper, to establish Medical Aid for Palestinians (MAP). Since then, MAP has worked consistently to support the health of Palestinian refugees in Lebanon and the oPt. Today, MAP partners with Palestinian healthcare professionals to build local knowledge and skills, also responding rapidly with aid and assistance in times of humanitarian emergency.

CHAPTER 2
HEALTH IN LEBANON

SOCIOECONOMIC DETERMINANTS OF HEALTH

"The health of Palestine refugees in Lebanon is primarily defined by their socio-economic conditions"
Dr Seita Akihiro, UNRWA Director of Health Programmes

Palestinian refugees in Lebanon have been blocked from returning to their homeland by Israel since the Nakba. Hosted for 70 years by Lebanon, a state which now has the highest refugee density in the world, the Palestinian refugee population is notoriously marginalised and impoverished. Subjected to a series of discriminatory restrictions on their economic and social rights,[60] including exclusion from dozens of jobs and professions,[61] two-thirds of Palestinian refugees in Lebanon live below the poverty line.[62]

Poverty fuels ill-health. Food insecure Palestinian refugees in Lebanon are three times more likely to report three or more health problems.[63] Almost half the Palestinian refugees live in 12 Palestinian refugee camps in dense and sub-standard housing conditions and lack adequate infrastructure. Water quality, electricity provision and waste management is poor. Residents have been impeded in improving their living conditions by financial constraints and restrictions imposed by the Lebanese authorities.[64] In December 2017, Lebanese Prime Minister Saad Hariri acknowledged that over the past decades, *"the social and humanitarian problems faced by Palestinian refugees have accumulated, and the reality in the camps has become tragic on all levels."*[65]

High unemployment and underemployment has reversed Palestinian families' traditional support for pursuing education; 40% of Palestinian refugee students do not even begin secondary education, a figure 10 times higher than their Lebanese counterparts.[66]

Some 450,000 Palestinian refugees are registered with UNRWA in Lebanon,[67] but in late 2017 the results of a census were announced stating that 174,422 Palestinian refugees were living in camps and gatherings in Lebanon (the number living outside of the camps and gatherings is not known) as well as a further 18,601 Palestinians who had fled to the country from Syria. Poverty, marginalisation and inhibited opportunities are reported to have driven many Palestinians to seek better lives elsewhere.[68]

PALESTINIANS' INADEQUATE HEALTH SYSTEM

Palestinian refugees in Lebanon have scant access to quality healthcare. The Lebanese state does not provide them with any such services, and private treatment is prohibitively expensive. UNRWA is the main provider of healthcare services, with a network of 27 primary healthcare and other centres across Lebanon with universal and almost entirely free services for Palestinian refugees. Its services are chronically overstretched, however, and doctor-patient consultation times average 2.45 minutes.

Secondary care – specialist consultation and treatment – is provided by the Palestinian Red Crescent Society (PRCS), which has its own five hospitals and contracts services at others. Tertiary care, which includes hospitalisation and complex surgery, is largely provided by certain Lebanese hospitals. As only 5.5% of the Palestinian refugees in Lebanon have

health insurance, they are largely dependent on UNRWA and other sources for the payment of hospitalisation fees. UNRWA provides financial coverage for all such treatment through the PRCS and other contracted hospitals. UNRWA covers 90% of secondary hospital services and 60% of the very high costs of tertiary treatment at the contracted Lebanese hospitals. PRCS services themselves are found to be inadequately funded, with low salaries and shortages of staff and medical equipment.[69]

Out-of-pocket payment remains a significant financial burden for Palestine refugees. To meet the total costs, patients and their families need to approach relatives, neighbours, political parties, NGOs and others for financial support without which the patient – unless a Palestinian refugee from Syria or beneficiary of UNRWA's "Social Safety Net" programme – will not receive the necessary treatment and care.

Quality of services is far from uniform, varying considerably across locations, hospitals and other care-providers. Concerns are often raised about PRCS services, with many staff members underpaid and inadequately trained and equipment and management said to be often poor. NGOs and donors have sought to identify and address many of the gaps and weaknesses in healthcare provision for Palestinian refugees in Lebanon, promoting wherever possible the development of high quality, locally-led, affordable, appropriate and sustainable healthcare. A by-product, however, is that the service provision environment is even more complex and subject to short-termism, skewed by financial oscillations and changing priorities in international donors' agendas.

PRIORITY HEALTH AREAS

For Palestinian refugees in Lebanon, services to address maternal and child health, communicable and non-communicable diseases, mental and psychosocial health, and disability are chronically under-resourced, and MAP's programmes therefore focus on these priority areas.

MATERNAL AND CHILD HEALTH

The infant mortality rate – the measurement of deaths of under one-year-old infants per 1,000 live births – among Palestinian refugees in Lebanon is on a par with other UNRWA fields of operation, but still-birth and perinatal and maternal mortality rates are the highest. Socioeconomic and environmental factors, in addition to weaknesses in antenatal, delivery and postnatal care services, are likely causes.[70]

Health invariably worsens with socio-economic conditions. In 2011, Palestinian refugee children in Lebanon of mothers with no education had a significantly higher mortality rate than those of mothers with a secondary or higher level of education.[71] Unlike in many other areas, under-five infant mortality among Palestinian refugees in Lebanon is not falling significantly, and improved healthcare services for alert-risk and high-risk pregnancies and for preterm infants is required. Further public awareness is required regarding harmful consequences of consanguinity. Inadequate healthcare provision, and lack of screening and education on breastfeeding and birth spacing, result in high rates of preventable causes of high-risk pregnancy, and these conditions have worsened through the influx of refugees from Syria.

UNRWA is not yet providing psychosocial care to Palestinian refugee mothers or screening for post-natal depression, factors which are associated with poor child cognitive and emotional development as well as poor mother-infant interaction.

While impaired physical and mental development due to malnutrition among under-fives has generally decreased, approximately 12% of both boys and girls were recorded as being stunted in 2011 and this level remains a concern.[72]

MAP'S MATERNAL AND CHILD HEALTH PROGRAMME

"My wish is for a society where all women have the same access to healthcare, whether they are Palestinian, Lebanese or Syrian." Lina, midwife

MAP's Maternal and Child Health programme in Lebanon provides the only home-visiting midwifery service in the Palestinian refugee camps. The team of midwives provides evidence-based baby-care and family planning advice for mothers in and around four of the camps (Beddawi and Mieh Mieh) encourages breast-feeding and monitors the development of new-born babies. Where problems are identified, they can refer pregnant women, children and mothers for specialist care. The team has helped increase breast-feeding rates, reduce anaemia and decrease the rate of high-risk pregnancies.

Hala*, a Palestinian refugee who has lived in a "temporary" container home with her husband and children since their home in Nahr al-Bared Camp was destroyed in 2007, says that the midwives' support and their evidence-based advice are hugely important to her and her children. *"During my first pregnancy, I was scared and didn't know anything about what to expect. I was scared to even hold my baby,"* she told MAP. *"The midwife taught me everything."*[73]


MAP

*name changed to protect identity

COMMUNICABLE AND NON-COMMUNICABLE DISEASES (NCDs)

Due to poor housing conditions, overcrowding and lack of proper sanitation and infrastructure in the camps, communicable diseases are common among the refugee population. Almost two-thirds of Palestinian refugees in Lebanon report acute, communicable illnesses such as bacterial and viral infections with a rapid onset in the previous six months.[74] Respiratory infections are also often linked to dampness caused by poor housing conditions.

The prevalence of non-communicable diseases (NCDs), also known as chronic illnesses, is increasing. More than a third of respondents in an AUB-UNRWA survey reported suffering from at least one chronic illness (prolonged conditions such as cardiovascular conditions, cancers, diabetes and hypertension), almost double the reported rate in the host Lebanese population. Refugee households classified as "extremely poor" suffer more chronic illnesses per household than other refugee households. Hypertension, chronic pulmonary disease, and diabetes are the leading causes of NCDs among the refugee population.[75] UNRWA alone treats around 30,000 Palestinian refugees living with diabetes and/or hypertension. NCDs are now probably the leading cause of deaths for Palestinian refugees in Lebanon, driven by inhibited access to a healthy lifestyle, including a good diet and exercise opportunities.

MAP'S SUPPORT TO TERTIARY CARE

The costs of treatment and care for NCDs for Palestinian refugees in Lebanon can be prohibitively expensive.

In early 2017, Khalil*, a Palestinian refugee from Syria who had fled to Lebanon, lost consciousness and was rushed to hospital. After undergoing the necessary diagnostic tests, Khalil was told that his three main coronary arteries, which supply the heart with blood, were almost completely blocked, and that he needed urgent surgical intervention. Two surgeries were conducted with the support of MAP and UNRWA, through the grant received from the Lebanon Humanitarian Fund.

"The two surgeries cost US$7,000 – an amount that would have been impossible for me to pay out of my pocket," said Khalil.[76]

MENTAL AND PSYCHOSOCIAL HEALTH

Mental health problems are common among refugee populations who are impacted by conflict and displacement, poverty and social exclusion. Over half of the Palestinian refugee population in Lebanon surveyed in the 2015 AUB-UNRWA study reported poor mental health.[77] In a separate 2014 study, 86% of the Palestinian refugees of Lebanon and 88% of the Palestinian refugees from Syria in Lebanon reported exposure to moderate or severely distressing and potentially traumatic events since the onset of the Syria crisis.

A large proportion of the refugees reported emotional, behavioural and psychosomatic difficulties.[78]

Yet refugee populations generally tend to access mental health services less than host populations. Noting inadequate mental health services in Lebanon for all people, the UN Committee on the Rights of the Child recommended that Lebanon boosts the quality and availability of such services, in particular for Palestinian, as well as Syrian, refugee children.[79]

The vast majority of Palestinian refugees in Lebanon with mental health conditions do not access such services. In one Beirut camp, Burj al Barajneh, it was reported that 96% of those with a mental health condition had not sought help. Lack of awareness of mental health issues and of services, and stigma, are complicating factors.[80] With mental health services for Palestinian refugees in Lebanon mainly provided by NGOs, there are additional challenges due to inconsistencies and a lack of sustainability.

MAP'S MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

In partnership with UNICEF and local organisations in Lebanon, MAP brings mental health and psychosocial support to thousands of children displaced by the Syria crisis. Ahmad* is one of them, a 14-year-old Palestinian refugee from Yarmouk near Damascus. Ahmad suffered the horrors of war and of siege. His brother was killed there. The family moved to Burj al Barajneh refugee camp in Beirut, where his mother registered him at the psychosocial support centre run by Association Najdeh, one of our local partners. Staff members say he isolated himself from others, avoided conversation and looked permanently sad.

Through structured psychosocial programs, including dance and music therapy, Ahmad's wellbeing and interactivity improved. He became a pivotal member of the theatre team, gifted in mime and performance, and helped plan and organise events. His mother agrees with staff that the smile returned to Ahmad's face, he is cooperative and cares for his brothers and sisters and is very responsible.[81]

*name changed to protect identity

PEOPLE WITH DISABILITIES

People with disabilities are often disproportionately affected by humanitarian crises, yet their needs are often neglected in humanitarian interventions. More than one in five Palestinian refugees in Lebanon has specific needs and their lack of access to adequate services has a wide impact on their overall health and living conditions. The uneven streets and cramped alleyways of Lebanon's Palestinian refugee camps present a particular barrier to the inclusion of people with movement and visual impairments into education, employment and social opportunities, as does the lack of suitable adaptation to public and private spaces.

Three out of every 10 Palestinian children with a disability are not enrolled in school.[82] Health outcomes may unravel further given that the highest prevalence of communicable and non-communicable disease and functional disability is among the Palestinian refugees who never attended school. The UN Committee on the Rights of the Child has urged Lebanon to adopt "urgent measures" concerning children with disabilities. The Committee highlighted discrimination, ineffective integration and inadequate health and other services for these children, particularly Palestinians, as well as Syrians.[83]

Refugees with specific needs are twice as likely as the general population to report signs of psychological distress. Yet specialised services and programmes are severely inadequate, both quantitatively and qualitatively. There is virtually no public assistance for people with specific needs in Lebanon, and certainly no access to public services for Palestinian refugees, whether from Lebanon or from Syria. UNRWA's own disability programme is unable to provide the type of comprehensive, person-centred case management and specialised services that are required to adequately fulfil health, protection, and social needs of this group of highly vulnerable individuals, and their families.

MAP'S SUPPORT TO PEOPLE WITH DISABILITIES

Rola* is a 4-year-old Palestinian refugee girl with cerebral palsy living in Beirut. Unable to support her in private rehabilitation centres, her mother Mona* was losing hope until a doctor informed her of the MAP-supported rehabilitation pre-school in Mar Elias camp.

At the pre-school, which provides educational and rehabilitation services for children with disabilities and their families, Rola and Mona found a kind, welcoming team. They assessed Rola and, with Mona's input, agreed on a care plan. This included physiotherapy, occupational and speech therapy and educational support.

"The team did not just focus on Rola as in the other places, they provided care for the whole family. It was the first time I was asked about my feelings, thoughts and needs," Mona said. Mona learnt to communicate more effectively with her daughter by observing how the therapists interacted with Rola. *"I didn't know that she was capable of doing many things until I saw how she responded to the centre's staff,"* she explained.

Mona reflected that Rola has made great progress and has become happier and more sociable since enrolling at the preschool. Mona is very pleased with the services provided and is thankful to the centre's staff, describing them as *"a team of angels, with exceptional kindness and patience!"*

*name changed to protect identity

CONCLUSION AND RECOMMENDATIONS

Palestinian refugees in Lebanon have endured a 70-year humanitarian crisis. Their displacement and marginalisation has been characterised by manifold social, political and economic challenges to their physical and mental health, including poverty and poor living conditions.

The system of healthcare which has developed to address these needs, comprising UN agencies, local and international NGOs and private providers, remains piecemeal and chronically under-resourced. As a result, Palestinian refugees struggle to access adequate services to meet their needs.

With many other crises across the region and direct threats to the funding of UNRWA's vital programmes, this situation looks set only to deteriorate in the years to come, unless there is concerted international action to address Palestinians' healthcare needs and, ultimately, their root causes.

To support the health and dignity of Palestinian refugees the international community, including the UK Government, should:

- **Increase support for healthcare providers** including UNRWA, local and international NGOs to **fill immediate gaps in healthcare provision** for Palestinian refugee communities;
- **Work with service providers** – UNRWA, the Palestine Red Crescent Society (PRCS), NGOs and others – to ensure that **healthcare provision for Palestinian refugees is affordable, appropriate, sustainable and comprehensive**; and
- **Ensure that aid and development initiatives** aimed at addressing the humanitarian needs of Palestinian refugees **consult with these communities and uphold their right to self-determination.**

CHAPTER 3
THE RIGHT TO WORK

"I hope that laws change in Lebanon to allow Palestinian health workers to get licenses to practice their professions in Lebanon. I also hope Palestinian doctors can one day enjoy the same rights and work conditions the Lebanese doctors enjoy. It is not fair that highly competent and qualified Palestinian doctors are unable to work while Lebanese doctors have every opportunity to grow and succeed."

Imaan*, a Palestinian doctor in Lebanon

Without the freedom to earn an adequate living, a person's ability to secure adequate shelter, food, healthcare and other basic needs for themselves and their families is severely undermined. The right to work, and with it the rights to equal pay for equal work and just and favourable remuneration, is foundational to a number of other economic, social and cultural rights. The responsibility of states to progressively realise this right is enshrined in international law and the obligations of the Lebanese government with regards to Palestinians' right to work are outlined in the "Legal Framework" section of this report.

Palestinian refugees living in Lebanon face numerous legal, bureaucratic and social barriers which have chronically undermined their right to work for 70 years. These restrictions, and the consequent economic marginalisation of Palestinians, has directly contributed to the relative poverty, poor health and inadequate access to healthcare of these communities.

A HISTORY OF BARRIERS TO THE RIGHT TO WORK

Although Palestinian refugees first arrived in Lebanon 70 years ago and subsequent generations have been born in the country, they remain classified as "foreigners" under Lebanese law,[84] and denied many of the rights afforded to Lebanese nationals.[85]

In 1964, Ministerial Decree No. 17561 regulated the access of foreigners to work in Lebanon, imposing the following three legal and administrative conditions:

1. **The principle of reciprocity**, which prevents foreign workers from obtaining work permits in Lebanon unless the same benefit is extended to Lebanese workers in their country of origin;
2. **The principle of national preference**, whereby Lebanese nationals are given priority for certain jobs; and
3. **The requirement that they obtain a work permit** prior to employment.[86]

The first provision is impossible to meet as Palestinians displaced from historic Palestine lack a state to enact the required reciprocal legislation granting Lebanese the right to work. In practice, Palestinians are therefore in a worse situation than many other foreigners working in Lebanon. Additionally, in 1982 a Ministerial Decree limited 70 administrative, manual and commercial jobs to Lebanese nationals, to the exclusion of Palestinian refugees.[87]

*name changed to protect identity

Furthermore, Lebanese legislation restricted work in certain sectors, including medicine, to those who are members of professional orders, or "syndicates", membership of which was in turn restricted to Lebanese citizens or nationals of a state implementing the principle of reciprocity.[88]

There have since been some reforms to the legal restrictions on Palestinians' right to work in Lebanon. A memorandum released by the Minister of Labour in 2005 lifted the exclusion of Palestinian refugees born in Lebanon and registered with the Department for Palestinian Refugee Affairs as they obtain a work permit.[89]

Although many Palestinians perceived it as *"a first step towards recognition by Lebanon of [their] basic human rights"*, Jaber Suleiman, Coordinator of the Lebanese-Palestinian Dialogue Forum, has concluded that this memorandum *"has not changed the situation on the ground."*[90]

In 2010, the Lebanese Parliament amended the Labour and Social Security Laws to remove the fees for work permits for Palestinian refugee employees born in Lebanon and registered with the DPRA.[91] The decree also allowed Palestinian refugees working with permits to access some limited benefits of the social security system, specifically end-of-service and work-related-injury indemnity.

Palestinian refugees are still excluded from the health and maternity benefits of social security despite paying full contributions. In 2014, the International Labour Organization (ILO) said this situation is in clear *"violation of their rights"* and that the only solution for the Lebanese Government is *"to consider ways of incorporating Palestinian workers into the existing [national social security] scheme."*[92] Noting that the 2010 amendments did not lift the ban on Palestinians accessing "syndicated" professions and that there is inadequate implementation of the law in Lebanon, the ILO has concluded that *"no impact has so far been perceived from [the 2010 legal] amendments on their working status."*[93]

DIRECTOR OF UNRWA AFFAIRS IN LEBANON, CLAUDIO CORDONE

"[UNRWA] have always been advocating for the right to work and will continue to do so with the Lebanese government. We also call on our donor partners to advocate too because this is a basic human right without which refugees cannot live in dignity. The Lebanese parties unanimously agreed in their unified vision on easing restrictions on the right to work but this is yet to be endorsed by the Cabinet and implement it. We look forward to working with the Lebanese authorities, business people and others to pursue the implementation of this right and the elimination of all forms of discrimination in Lebanon."[94]

Palestinian workers tend to be in low-paying, insecure and low-skill jobs

Despite some reform, the right to work for Palestinian refugees is still highly restricted in Lebanon. Work in professions such as medicine remains restricted by requirements of professional "syndicate" groups. Palestinian refugees are prevented from working in 39 professions in Lebanon either due to the application of the principle of reciprocity of treatment or the continuing precondition of Lebanese nationality. This includes professions in law, engineering, transport, fishing, accountancy, and health.[95]

To secure employment legally in Lebanon, Palestinian refugees must still obtain a work permit, which must be renewed annually. Application for this includes the following requirements:[96]

- A Palestinian refugee registration card
- Photocopied documentation of the employer's identification and registration
- A signed contract authenticated by a notary
- Evidence that they have declared these to the National Social Security Fund

Work permits for jobs paid at two or three times the minimum wage must be approved by the Director General of the Ministry of Labour, and those paid above that must be approved by the Minister of Labour.

Though these permits have been free-of-charge since the legal amendments of 2010, many Lebanese employers are unwilling to support Palestinian workers in obtaining them. Employees are also often reluctant to seek them, particularly given the limited benefits which result.[97] The ILO estimates that fewer than 2% of Palestinian workers in Lebanon have permits.[98] [99]

CONSEQUENCES OF WORK RESTRICTIONS: POVERTY AND ILL-HEALTH

"Temporary" container homes in Nahr al Bared Camp

The restrictions and bureaucratic barriers to Palestinian refugees' right to work contributes to their marginalisation and exploitation in Lebanon. In 2015, UNRWA and researchers from the American University of Beirut (AUB) estimated the rate of unemployment among Palestinian refugees from Lebanon to be 23% (31% among women), and 52.5% (68% for women) among Palestinian refugees who have arrived in Lebanon from the conflict in Syria.[100]

This unemployment rate is significantly higher than the rate of 8% measured by the ILO in 2012, which was close to the 6% rate among Lebanese nationals. The rise in unemployment is likely to be influenced by increased competition for manual, low-skilled jobs resulting from the arrival of more than a million refugees from the conflict in Syria since 2011.[101]

The low proportion of working-age Palestinian refugee women who are employed when compared to men is likely exacerbated by gender discrimination and cultural factors in Palestinian communities and Lebanese society more widely.[102]

The rate of unemployment also only tells part of the story, as it belies the fact that Palestinian workers tend to be in low-paying, insecure and low-skill jobs, such as construction and cleaning, which tend to be subject to harsh, exploitive and insecure working conditions.[103] A 2011 labour force survey by the ILO found the average monthly income of Palestinian workers was LBP 537,000 (approx. GBP £258), significantly below the national minimum wage of LBP 675,000 (approx. GBP £324).[104] UNRWA and AUB found that 86.5% of PRL do not have contracts, but only an oral agreement with their employer. In turn, 86.8% have no paid sick or annual leave, and almost half (48%) are paid on a daily basis.

Job insecurity is in turn related to health. The same 2015 UNRWA and AUB survey found higher rates of chronic illness and disability among unemployed Palestinian refugees,[105] and the ILO has found illness to be the highest reason given for unemployment among men between the ages of 25 and 54.[106]

It can be particularly devastating for Palestinian refugee families when a major earner, typically a working-age male, falls ill. With the high cost of healthcare and limited provision for Palestinian refugees in Lebanon, particularly in secondary and tertiary care (see Chapter 2), illness can significantly reduce household income and reduce the ability to afford quality, effective treatment, thus driving families into financial distress.

The proportion of Palestinian refugee households reporting at least one member with a chronic disease is significantly higher among those in poverty (83.9%) and extreme poverty (90.4%) than those not in poverty (77.5%).[107] The relationship between ill-health and poverty is therefore likely to be multifactorial, with increased household expenditure on healthcare, decreased opportunity for work and hence household income, and poverty related to higher exposure to health-damaging environmental factors such as inadequate housing and poorer nutrition.

Staff and volunteers at a children's mental health and psychosocial support centre in Burj al Barajneh Camp in Beirut told MAP that the lack of realisation of the right to work also has an impact on the psychological wellbeing and educational motivation of Palestinian refugee children. If asked what they want to be when they grow up, many children say a teacher (in UNRWA schools). This is one of the only professions children perceive to be open to them, with one staff member remarking that *"even their dreams are restricted to certain professions."*[108] The impacts of unrealised potential and hopelessness are hard to quantify, but certainly significant to the quality of life of Palestinian refugees.

TAREQ*, A NURSE AT A PRCS HOSPITAL

"I have been working as a nurse in the emergency department of a PRCS hospital for the last 10 years. I studied at PRCS's nursing school. It is a two-year course. Studying there is almost free. The nursing school closed a few years ago, I am not sure why.

The salaries at PRCS are very low for all employees. Palestinian nurses in general are paid very low salaries in Lebanon except for those who have advanced degrees or qualifications. Sometimes, very good and highly qualified doctors come to work at PRCS, but they leave and go to work elsewhere because of the low pay. Lebanese doctors and nurses working in governmental or Lebanese private hospitals are paid much higher salaries."

A&E at Haifa Hospital in Burj al Barajneh Camp

*name changed to protect identity

THE RIGHT TO WORK AND PALESTINIAN HEALTHCARE

In the health field specifically, there are 22 professions from which Palestinian refugees are legally or practically barred, which cover the majority of the health sector. These include general medicine, dentistry, midwifery, nursing and psychology.

HEALTHCARE PROFESSIONS BARRED TO PALESTINIANS [109]

- Doctor
- Nurse[110]
- Midwife
- Health worker
- Psychologist
- Optician
- Physiotherapist
- Occupational therapist
- Nutritionist
- Pharmacist
- Dentist
- Medical laboratory owner, manager, technician or assistant
- Manufacturer of prosthetic devices
- Private hospital owner
- Manager of a blood transfusion centre
- Manager or owner of beauty clinic
- Health comptroller
- Vet

With continuing barriers to work, Palestinian refugee healthcare professionals face stark choices. Palestinians who are trained in health fields can practice inside the camps and gatherings, where Lebanese regulations are not enforced. Consequently, private, NGO and UN-run healthcare centres, including UNRWA clinics and Palestine Red Crescent Society (PRCS) hospitals and clinics[111] are staffed by Palestinian medical professionals. Payment for such jobs inside the camps is often substantially lower than in the Lebanese system or abroad, particularly within the PRCS.[112] Health centres in the camps are under-resourced and under-regulated, meaning that opportunities for professional development are limited, and quality of care standards difficult to maintain.[113] The lack of opportunities for Palestinian medical staff to specialise leaves these healthcare centres reliant on expensive Lebanese specialists, who are often unwilling to enter the camps.[114]

Those who do have qualifications to work in medical and health fields may choose to work elsewhere. Some can find work illegally in Lebanese hospitals and healthcare centres, albeit without contracts or permits. This leaves them vulnerable to exploitation – working long hours for low wages, without sick, maternity or other leave, and at risk of immediate dismissal at any time.[115] Other qualified professionals instead choose to simply work in other fields in order to earn a living, meaning that their valuable skills are not used.

The draw of working abroad, particularly in the Gulf region, has also contributed to a reported "brain-drain" effect, reducing the ability of Palestinian healthcare providers in Lebanon to refresh their human resources.[116]

Beyond legislative and bureaucratic restrictions, there are other social, economic and practical barriers to Palestinians seeking to work in healthcare. High rates of poverty among Palestinian refugees in Lebanon means that many cannot afford to undertake medical training. In some cases – such as midwifery – courses are taught in French as a second language, rather than the English which Palestinians learn in UNRWA schools.

Furthermore, educational opportunities for some jobs have reduced for Palestinian refugees in Lebanon. A 2016 survey by the Common Space Initiative found that only three out of 70 Palestinian doctors interviewed graduated between 2005-2015, compared to 33 between 1990-2000 and 26 prior to 1990.[117] This is, in part, due to the scholarships no longer provided by the Soviet Union for Palestinian refugees in Lebanon. As many as 62 of the 70 doctors interviewed studied medicine in the former Soviet Union states (Russia, Romania, Belarus, Bulgaria, Ukraine) and just two in Lebanon.[118]

Staff at the Haifa Hospital in Burj al Barajneh Camp – the key PRCS secondary healthcare centre for Palestinian refugees in Beirut – told MAP that their youngest doctor is 45 years old. One senior member of staff said in the last 15 years, *"not a single new doctor has come here"*, and the majority of doctors at the centre are over 50 years old.[119] This situation is in turn contributing to the decline of the Palestinian-focused healthcare system in Lebanon.

Beyond the individual right to work of Palestinian health workers, these combined factors mean that the development of a Palestinian health workforce in Lebanon has been severely limited. The potential for Palestinian health workers to legally contribute to the Lebanese health system is also reduced. For example, although the President of the Order of Nurses has identified a chronic shortage of nurses in Lebanon,[120] the legal and bureaucratic barriers to legal practice for Palestinian nurses have not been fully resolved.

"Even their dreams are restricted to certain professions."

ALIA*, A PALESTINIAN DOCTOR WORKING AT A PRIVATE LEBANESE HOSPITAL

"Palestinian doctors work illegally. They cannot sign any documents or write prescriptions – which is why you often see them working in emergency departments where signing any prescription is less likely and there are other Lebanese doctors to cover it up. Palestinian doctors working under such arrangements suffer so much injustice. They do not take credit for the good work they do as they work under the name of another Lebanese doctor, and they are often mistreated and exploited.

Despite their competence, [they] are treated as assistants and are expected to accept little pay and difficult working conditions as they are not supposed to be working in the first place. They are never given the opportunity to grow to become equals to Lebanese doctors. Palestinian doctors are not allowed to have a private practice in Lebanon. They open clinics under the name and cover of another Lebanese doctor who can ask for whatever he wishes in return."

CONCLUSION AND RECOMMENDATIONS

Lebanon's restrictions to Palestinian refugees' labour opportunities not only violate their right to work, but also deepens their social marginalisation and undermines their ability to realise other fundamental rights, including health, shelter, food and water. These restrictions continue despite the contribution of Palestinian refugees to the Lebanese economy through labour, remittances and international aid. It not only holds back the development and refreshing of the human resources needed to maintain Palestinian-focused healthcare in Lebanon, but may also prevent Palestinians from contributing to the Lebanese health system more widely.

Chief among the concerns raised in Lebanon about granting Palestinian refugees the right to work is that of "tawteen", or naturalisation which some would allege undermines the possibility of Palestinian refugees returning home. This position however is inconsistent with international law, the desire of Palestinian refugees to return home and also the situation in other states such as Syria and Jordan where far greater employment rights have been given without undermining the right to return. Furthermore, the realisation of the right of return in any form would require an educated, empowered and professionalised Palestinian workforce to contribute to the building of Palestinian society and economy.

The international community, including the UK Government, should therefore take the following actions:

- **Work with the Lebanon authorities to remove all discriminatory laws and practices** against Palestinian refugees, including the right to work
- **Support professional development and employment initiatives** for Palestinian refugee health workers in Lebanon
- **Develop and/or expand international scholarship opportunities** for Palestinian refugee health professionals to undertake **training and education overseas**

"I believe that opportunities should be given to existing doctors to do a Masters abroad; however, I don't believe that students should be encouraged to choose a profession that they are not allowed to practice in the country where they live. It is frustrating to spend eleven years studying and then not find work. More advocacy work should be done to change the laws in Lebanon to allow Palestinians to work as doctors and in the health sector in general."

Imaan*, a Palestinian doctor working both in an NGO clinic in a Palestinian refugee camp and a private Lebanese hospital

MAP

Restrictions to the right to work increase aid dependency

*name changed to protect identity

REFERENCES

1 See also Article 12(4) of the International Covenant on Civil and Political Rights. *Site: https://bit.ly/Jz4HwZ*; Human Rights Committee General Comment 27 on Article 12. *Site: https://bit.ly/2uG06Fj*; Article 5(d)(ii) of the International Convention on the Elimination of All Forms of Racial Discrimination. *Site: https://bit.ly/1k1MoiX*; Concluding Observation 18 of the Committee on the Elimination of Racial Discrimination to Israel, 14 June 2007. *Site: https://bit.ly/2HyfK7Z.*

2 United Nations (1948), Universal Declaration of Human Rights. *Site: https://bit.ly/1O8f0nS.*

3 United Nations General Assembly (1948), 194 (III). Palestine -- Progress Report of the United Nations Mediator. *Site: https://bit.ly/2c9nIVZ.*

4 United Nations (1949), First Interim Report of the United Nations Economic Survey Mission for the Middle East. *Site: https://bit.ly/2KiGBa0.*

5 Rochelle Davis (2011), Palestinian Village Histories: Geographies of the Displaced. Stanford: Stanford University Press, p. 9. Ahmed H. Sa'di and Lila Abu-Lughod (ed.s) (2007), Nakba: Palestine, 1948, and the Claims of Memory. New York: Columbia University Press, p. 14. Benny Morris (2004), The Birth of the Palestinian Refugee Problem Revisited. Cambridge: Cambridge University Press, p. 342. Ilan Pappe (2006), The Ethnic Cleansing of Palestine. Oxford: Oneworld, p. xiii.

6 Walid Khalidi (ed.) (1992), All That Remains: The Palestinian Villages Occupied and Depopulated by Israel in 1948. Washington DC: Institute for Palestine Studies.

7 Badil (2015), Survey of Palestinian Refugees and Internally Displaced Persons 2013-2015. S*ite: https://bit.ly/2Hym27y.*

8 Forced Migration Review (2006), Who Are Palestinian Refugees? *Site: https://bit.ly/2KhnWLE.*

9 UNRWA (2018), Palestinian Refugees. *Site: https://bit.ly/2gEYt1K.*

10 UNHCR (2015), Statistical Yearbook 2015. *Site: https://bit.ly/2JyzDwl.*

11 Al Jazeera (2017), Chile: Palestinians Gather To Forge Unified Diaspora. *Site: https://bit.ly/2vXpwiS.*

12 Badil (2015), Q and A: What You Need To Know About Palestinian Refugees and Internally Displaced Persons. Site: https://bit.ly/2Hxl3Zg

13 Israeli Central Bureau of Statistics (2013), 65th Independence Day - More than 8 Million Residents in the State of Israel. *Site: https://bit.ly/2r46jH4* and Adalah (2017), Palestinian citizens of Israel: A Primer. *Site: https://bit.ly/2HACOqY*

14 Adalah (2017), The Discriminatory Laws Database. *Site: https://bit.ly/2njn0dt*

15 Washington Report on Middle East Affairs (2016), Israel's "Separate and Unequal" Policies Toward its Palestinian Citizens. *Site: https://bit.ly/2JyCVzH* and Jerusalem Post (2018), W will always be fourth class citizens in Israel. *Site: https://bit.ly/2FnepPj*

16 Palestinian Central Bureau of Statistics (2016), Palestinians at the End of 2016. *Site: https://bit.ly/2JxY0dy*

17 MAP (2018), Aida Camp: 'No Escape' From Israel's Indiscriminate Use of Tear Gas. *Site: https://bit.ly/2r4R93I*

18 UN OCHA oPt (2014), Bedouin Communities at Risk of Forcible Transfer. *Site: https://bit.ly/2Jwgjjc*

19 Ibid.

20 Palestinian Central Bureau of Statistics (2017), World Statistics Day. Site: https://bit.ly/2r4E5eM

21 HRW, MAP, AI, Al Mezan and PHRI (2018), Israel: Record-Low in Gaza Medical Permits, 54 died in 2017 Awaiting Israeli Permit. *Site: https://bit.ly/2Es2AaV*

22 UNRWA (2018), Where We Work, Gaza Strip. *Site: https://bit.ly/2ylk2rz*

23 UNCTND (2015), Occupied Palestinian Territory Slides into Recession, Gaza Becoming Uninhabitable. *Site: https://bit.ly/1IEse5O*

24 Forced Migration Online (2018), Palestinian Refugees in Jordan. *Site: https://bit.ly/1BOMBPV*

25 UNRWA (2018), Where We Work, Jordan. *Site: https://bit.ly/2sTyEyW*

26 Jamal Alnsour and Julia Meaton (2014), Housing Conditions in Palestinian Refugee Camps, Jordan, Cities 36, pp. 65-73.

27 Michael Dumper (2006), Palestinian Refugee Repatriation: Global Perspectives, Routledge, p. 66. See also UNRWA (2018), Where We Work, Jordan. *Site: https://bit.ly/2sTyEyW*

28 Åge A. Tiltnes and Huafeng Zhang (2013), Progress, Challenges, Diversity: Insights into the Socio-Economic Conditions of Palestinian Refugees in Jordan. *Site: https://bit.ly/2qQvBpz*

29 UNRWA (2018), Where We Work, Jordan. *Site: https://bit.ly/2sTyEyW*

30 Human Rights Watch (2014), Jordan: Palestinians Escaping Syria Turned Away. *Site: https://bit.ly/2hzHlhx*

31 UNRWA (2018), Where We Work, Jordan. *Site: https://bit.ly/2sTyEyW*

32 UNHCR (2010), Convention and Protocol Relating to the Status of Refugees. *Site: https://bit.ly/2dkj2hf*

33 UNRWA (2007), The United Nations and Palestinian Refugees. *Site: https://bit.ly/2r3UUak* and UNHCR (2013), Note on UNHCR's Interpretation of Article 1D of the 1951 Convention Relating to the Status of Refugees and Article 12(1)(a) of the EU Qualification Directive in the Context of Palestinian Refugees Seeking International Protection. *Site: https://bit.ly/2HW5w4A*

34 Susan Akram (2001), Reinterpreting Palestinian Refugee Rights Under International Law, in Naseer Aruri (ed.) (2001), Palestinian Refugees: The Right of Return, London: Pluto Press, pp. 165-194.

35 UNRWA (2017), UNRWA in Figures. *Site: https://bit.ly/2BTyxaE*

36 UNRWA (2017), Syria Emergency Appeal for 2017. *Site: https://bit.ly/2i6XKJi*

37 UNRWA (2017), oPt Emergency Appeal for 2017. *Site: https://bit.ly/2jaO9Ov*

38 UNRWA (2017), Speech by UNRWA Commissioner- General Pierre Krahenbuhl to the UN General Assembly's Fourth Committee. *Site: https://bit.ly/2HVdye3*

39 Al Jazeera (2018), US Cuts UNRWA Funding by More than Half. *Site: https://bit.ly/2KiDDCg*

40 UNRWA (2018), Where We Work, Syria. *Site: https://bit.ly/2I9euJP*

41 Ibid.

42 Ibid.. See also: Nell Gabiam, (2016) The Politics of Suffering: Syria's Palestinian Refugee Camps, Bllomington: Indiana University Press, ch. 1.

43 UNRWA (2018), Syria Crisis. *Site: https://bit.ly/2Hv8SfL*

44 Amnesty International (2014), Squeezing the Life out of Yarmouk. *Site: https://bit.ly/2Kkl8NK*

45 The Lancet (2017), Syria: Health in Conflict. *Site: https://bit.ly/2HWpBIg*

46 UNRWA (2018), Syria Crisis. *Site: https://bit.ly/2Hv8SfL*

47 MAP (2016), "If I Die Bury Me in Palestine": How the World is Failing Palestinian Refugees. *Site: https://bit.ly/2I3lGqL*

48 Ibid.

49 Rosemary Sayigh, The Palestinians: From Peasants to Revolutionaries (London: Zed Books, 2007 edn), p. 100.

50 Amnesty International (2007), Lebanon Exiled and Suffering: Palestinian Refugees in Lebanon. *Site: https://bit.ly/2JwzEkk*

51 UNRWA (2018), Where We Work, Lebanon. *Site: https://bit.ly/2tlApmo*

52 LPDC News (2017), Lebanon Conducts First-Ever Census of Palestinian Refugees. *Site: https://bit.ly/2KgBGGm*

53 UNRWA (2018), Where We Work, Lebanon. *Site: https://bit.ly/2tlApmo*

54 Amnesty International (2018), Lebanon 2017/2018. *Site: https://bit.ly/2HRECei*

55 Middle East Eye (2016), 60 Years of Shame: The Palestinian Camps in Lebanon. S*ite: https://bit.ly/1pg49B5*

56 UNRWA (2018), PRS in Lebanon. *Site: https://bit.ly/2Juopck*

57 UNRWA (2018), Syria Crisis. *Site: https://bit.ly/2Hv8SfL* and MAP (2016), "If I Die Bury Me in Palestine": How the World is Failing Palestinian Refugees. *Site: https://bit.ly/2I3lGqL*

58 UNHCR (2018), Syria Regional Refugee Response. *Site: https://bit.ly/2IUEfxo*

59 Amnesty International (2014), Families Ripped Apart as Palestinian Refugees from Syria Denied Entry to Lebanon. *Site: https://bit.ly/1GceGoc*

60 Amnesty International (2007), Lebanon Exiled and Suffering: Palestinian Refugees in Lebanon. *Site: https://bit.ly/2JwzEkk*

61 UNRWA (2016), Employment of Palestinian Refugees in Lebanon: An Overview. *Site: https://bit.ly/2r65DjB*

62 AUB and UNRWA (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. *Site: https://bit.ly/2FsdihH*

63 R. Habib, K. Elzein, J. Chaaban, and K. Seyfert (2014), Associations Between Life Conditions and Multi-Morbidity in Marginalized Populations: The Case of Palestinian Refugees. *Site: https://bit.ly/2HANMfO*

64 UNRWA (2017), Protection Brief October 2017. [hard-copy]

65 National News Agency (2017), "Hariri: We Must Fight Abolition of UNRWA, Figures Will Help Formulate Projects and Solutions". *Site: https://bit.ly/2Kqup6X*

66 R. Habib, S. Hojeij, K. Elzein, J. Chaaban, and K. Seyfert (2014), The European Journal of Public Health, Associations Between Life Conditions and Multi-Morbidity in Marginalized Populations: The Case of Palestinian Refugees. *Site: https://bit.ly/2HANMfO*

67 UNRWA (2018), Where We Work, Lebanon. S*ite: https://bit.ly/2tlApmo*

68 Al Jazeera (2015), Why are Lebanon's Palestinians leaving for Europe? *Site: https://bit.ly/2w2JyZe*

69 Defenders for Medical Impartiality (2017), PRCS-Affiliated Hospitals in Lebanon: Barriers to Health Care Delivery. *Site: https://bit.ly/2JDWRRO*

70 F Riccardo, A Khader and G Sabatinelli (2011), Low Infant Mortality Among Palestine Refugees Despite the Odds. *Site: https://bit.ly/2FwhoVS*

71 57/1000 compared to 18/1000. USAID (2017), Levels and Trends of Maternal and Child Health Indicators. *Site: https://bit.ly/2HDhxNi*

72 Ibid.

73 MAP (2017), Witness, 50 Years of Occupation: Time for Action. *Site: https://bit.ly/2r9cSlw*

74 J. Chaaban, N. Salti, H. Ghattas, A. Irani, T. Ismail and L. Batlouni (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. Site: https://bit.ly/2siNfDy. Report published by the American University of Beirut (AUB) and the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

75 Ibid.

76 MAP (2017), Khalil's story: "Home for me is Palestine, not Syria or Lebanon". *Site: https://bit.ly/2HZ7u4t*

77 J. Chaaban, N. Salti, H. Ghattas, A. Irani, T. Ismail and L. Batlouni (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. *Site: https://bit.ly/2siNfDy*

78 GIZ and UNRWA (2014), Assessment "Mental Health and Psychosocial Wellbeing among Palestinian Refugees in Lebanon". *Site: https://bit.ly/2KpiKp9*

79 UN Convention on the Rights of the Child (2017), Concluding Observations on the Combined Fourth and Fifth Periodic Report of Lebanon. *Site: https://bit.ly/2w2W3nC*

80 N Yassin, A Taha A, Z Ghantous, M Atoui, and F Forgione (2018), Evaluating a Mental Health Program for Palestinian Refugees in Lebanon. *Site: https://bit.ly/2FtGWTq*

81 MAP (2017), Witness, Gaza in Darkness. *Site: https://bit.ly/2HICVg8*

82 J. Chaaban, N. Salti, H. Ghattas, A. Irani, T. Ismail and L. Batlouni (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. *Site: https://bit.ly/2siNfDy*

83 UN Convention on the Rights of the Child (2017), Concluding Observations on the Combined Fourth and Fifth Periodic Report of Lebanon. *Site: https://bit.ly/2w2W3nC*

84 International Labour Organization (2013), Policy Brief: The Work of Palestinian Refugees in Lebanon is a Right and a Common Interest. Site: https://bit.ly/2Fqe6n7 and Article 1 of Law of 7/10/1962 "Any natural person who is not of Lebanese nationality is … a foreigner" [CEP-LB]. *Site: https://bit.ly/2vYfQo7*

85 Refugee Studies Centre (2010), No refuge: Palestinians in Lebanon. *Site: https://bit.ly/2JEx3VI*

86 International Labour Organization (2013), Policy Brief: The Work of Palestinian Refugees in Lebanon is a Right and a Common Interest. *Site: https://bit.ly/2Fqe6n7*

87 S. El-Natour and D. Yassine (2007), The Legal Status of the Palestine Refugees in Lebanon and the Demands of Adjustment, Study Prepared by Human Development Center with Support and Funding of Canadian International Development Research Center *Site: https://bit.ly/2I2609C*

88 Ibid.

89 International Labour Organization (ILO) and Committee for the Employment of Palestinian Refugees (CEP) (2014), Palestinian Employment in Lebanon - Facts and Challenges: Labour Force Survey Among Palestinian Refugees Living in Camps and Gatherings in Lebanon. *Site: https://bit.ly/2JFl4al*

90 Refugee Studies Centre (2010), No refuge: Palestinians in Lebanon. *Site: https://bit.ly/2JEx3VI*

91 UNRWA (2017), Employment of Palestine Refugees in Lebanon: An Overview. *Site: https://bit.ly/2KoeTZe*

92 International Labour Organisation (2014), Palestinian Employment in Lebanon - Facts and Challenges: Labour Force Survey Among Palestinian Refugees Living in Camps and Gatherings in Lebanon. *Site: https://bit.ly/2JFl4al*

93 Ibid.

94 UNRWA (2018), Statement provided to MAP, 23 April 2018

95 UNRWA (2017), Employment of Palestine Refugees in Lebanon: An Overview. *Site: https://bit.ly/2KoeTZe*

96 Ibid.

97 Human Rights Watch (2010), Lebanon: Seize Opportunity to End Discrimination Against Palestinians. *Site: https://bit.ly/2jcnO2b*

98 ILO and CEP (2014), Palestinian Employment in Lebanon - Facts and Challenges: Labour Force Survey Among Palestinian Refugees Living in Camps and Gatherings in Lebanon. *Site: https://bit.ly/2JFl4al*

99 UNRWA and AUB found a lack of awareness about work permits among Palestinian refugees in Lebanon. In their 2015 survey, 6% of workers surveyed reported having a permit but only 3.3% having an official contract which is a precondition of these permits. J. Chaaban, N. Salti, H. Ghattas, A. Irani, T. Ismail and L. Batlouni (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. *Site: https://bit.ly/2siNfDy*

100 Ibid. "Unemployment rate is defined as the number of unemployed (have not worked last week and were actively looking for a job) divided by the labour force (employment + unemployment)"

101 J. Chaaban, N. Salti, H. Ghattas, A. Irani, T. Ismail and L. Batlouni (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. *Site: https://bit.ly/2siNfDy*

102 The share of those of working age (defined by the ILPO as 15 or above) who are employed.

103 In the 2014 report, the ILO concede that their definition of unemployment (those who have not worked in the last week but are actively looking for work) may also exclude "people who would have classified themselves as unemployed, namely those who have suffered long periods of unemployment and have consequently stopped actively searching for a job". ILO and CEP (2014), Labour Force Survey Among Palestinian Refugees Living in Camps and Gatherings in Lebanon. *Site: https://bit.ly/2r9vh7f*

104 ILO and CEP (2014), Labour Force Survey Among Palestinian Refugees Living in Camps and Gatherings in Lebanon. *Site: https://bit.ly/2r9vh7f*

105 J. Chaaban, N. Salti, H. Ghattas, A. Irani, T. Ismail and L. Batlouni (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. *Site: https://bit.ly/2siNfDy*

106 ILO and CEP (2014), Palestinian Employment in Lebanon – Facts and Challenges: Labour Force Survey Among Palestinian Refugees Living in Camps and Gatherings in Lebanon. *Site: https://bit.ly/2JFl4al*

107 J. Chaaban, N. Salti, H. Ghattas, A. Irani, T. Ismail and L. Batlouni (2016), Survey on the Socioeconomic Status of Palestine Refugees in Lebanon. *Site: https://bit.ly/2siNfDy*

108 MAP interview at Najdeh Association centre, Burj al Barajneh Camp, November 2017

109 UNRWA (2017), Employment of Palestine Refugees in Lebanon: An Overview. *Site: https://bit.ly/2KoeTZe*

110 According to a study by the Common Space Initiative (2016), the Ministry of Health now issues permits to practice for Palestinian nurses born in Lebanon, and the Lebanese Order of Nurses admits Palestinian nurses as members, however challenges remain in obtaining work permits from the Ministry of Labour. *Site: https://bit.ly/2KpJoOr*

111 According to Common Space Initiative (2012), UNRWA employs 45 doctors, 100 nurses and 20 pharmacists, and the PRCS employs 92 General Practitioners, 63 specialised doctors, 215 nurses and 4 pharmacists. The PRCS is the largest employer of Palestinian medical professionals in Lebanon. *Site: https://bit.ly/2KpJoOr*

112 Common Space Initiative (2016), The Reality of Palestinian Employment in Professions Free in Lebanon. *Site: https://bit.ly/2KpJoOr*

113 MAP interview with PRCS member of staff, November 2017

114 Interview with MAP staff in Lebanon, Nov 2017

115 Common Space Initiative (2016), The Reality of Palestinian Employment in Professions Free in Lebanon. *Site: https://bit.ly/2KpJoOr*

116 MAP interview with PRCS member of staff, November 2017

117 Common Space Initiative (2016), The Reality of Palestinian Employment in Professions Free in Lebanon. *Site: https://bit.ly/2KpJoOr*

118 The vast majority of nurses, however, studied in Lebanon, and in this profession the number of Palestinian graduates has actually increased in recent years. See Common Space Initiative (2016), The Reality of Palestinian Employment in Professions Free in Lebanon. *Site: https://bit.ly/2KpJoOr*

119 MAP interview with PRCS member of staff, November 2017

120 The Daily Star (2016), Lebanon Needs More Nurses: Order Chief. *Site: https://bit.ly/23WUE6F*

NOTES

Midwives walking between home visits in Lebanon

MAP works for the health and dignity of Palestinians living under occupation and as refugees.

MAP provides immediate medical aid to those in need while also developing local capacity and skills to ensure the long-term development of the Palestinian healthcare system.

MAP is also committed to bearing witness to the impact of occupation, displacement and conflict on Palestinian health and wellbeing, and campaigns for the realisation of Palestinian rights to health and dignity.

MAP
MEDICAL AID FOR **PALESTINIANS**

To read our other publications visit:

MAP.ORG.UK/PUBLICATIONS

Visit us online: **www.map.org.uk**
Call today on: **020 7226 4114**

Follow MAP on Twitter **@MedicalAidPal** and **www.facebook.com/MedicalAidforPalestinians**

33a Islington Park Street,
London, N1 1QB
email: info@map.org.uk

Registered Charity no: 1045315